ARKANSAS STATE BOARD OF PHARMACY
101 East Capitol, Suite 218
Little Rock, AR 72201
Phone: (501) 682-0190 Fax: (501) 682-0195
www.arkansas.gov/asbp

[ ] Original Fee – $300
[ ] Renewal Fee – $150
For 2006 Last year of biennium)
[ ] **Change of Ownership – $150
[ ] **Change of Pharmacist In Charge – $35

2005 -2006
APPLICATION FOR
HOSPITAL PHARMACEUTICAL SERVICES PERMIT

►If obtaining a permit in 2005, $150 renewal fee for 2006 must be included (Total of $450)◄

NAME AND ADDRESS OF HOSPITAL:

ARKANSAS HOSPITAL PERMIT NUMBER: _____

For Board use only:

License # _____

Date Issued _____

1. Phone number (_____) _____ Fax number (_____) _____

2. Type of Facility: [ ] Hospital [ ] Outpatient Surgery Center

2. Name of administrative officer _____

3. Name of owner of facility _____

4. Type of control: [ ] Voluntary [ ] Non-Profit [ ] For-Profit [ ] Proprietary [ ] Government (Non-Federal)
[ ] Government (Federal) [ ] Other (Specify) _____

5. Board of Health license number _____ D.E.A. number _____

6. Average annual occupied beds _____ Number of hours the pharmacy will be operative per week _____

7. Name of Pharmacist in Charge _____License number _____

8. List all individuals performing the functions of a pharmacist in this pharmacy. **YOU ARE REQUIRED TO NOTIFY THE BOARD OF PHARMACY, IN WRITING, OF ALL CHANGES.**

NAME	LICENSE NUMBER	HOURS PER WEEK
Pharmacists:		
Interns:		

Pharmacy Technicians: List all individuals assisting the pharmacist in pharmaceutical services for patients. Education and scope of duties should be defined in the policies and procedures. These individuals must have a pharmacy technician permit issued by the Board of Pharmacy.

NAME	PERMIT NUMBER	HOURS PER WEEK

This is to certify that the information provided above is accurate, and that all provisions of law and regulation, relative to the practice of Hospital Pharmacy, will be faithfully observed during the period that this permit is in force and effect.

Signature of Pharmacist in Charge _____ Date _____

Note: This application expires on November 15, 2006 – Please contact the board office for a new application.

Hospital.form

** An inventory of controlled drugs must be attached.